

ALABAMA BOARD OF NURSING
BOARD OF NURSING SCHOLARSHIP
CERTIFICATE OF ADMISSION TO GRADUATE STUDY

INSTRUCTIONS: THIS FORM IS TO BE COMPLETED BY THE DEAN/ASSOCIATE DEAN AND RETURNED TO THE SCHOLARSHIP APPLICANT TO BE INCLUDED IN THE SCHOLARSHIP APPLICATION PACKET.

I CERTIFY THAT _____ HAS BEEN ADMITTED TO FULL
NAME OF APPLICANT
TIME GRADUATE STUDY AT _____
NAME OF SCHOOL
SEEKING THE DEGREE OF _____ FOR THE PERIOD
_____ TO _____ ON THE BASIS OF HIS/HER
MONTH AND YEARMONTH AND YEAR
CREDENTIALS AND OTHER ADMISSION REQUIREMENTS. THE PERSON NAMED ABOVE
HAS THE POTENTIAL TO SUCCESSFULLY COMPLETE THE PRESCRIBED COURSE OF
STUDY, AND I RECOMMEND THAT THE APPLICATION OF THIS PERSON BE FAVORABLY
CONSIDERED FOR A SCHOLARSHIP.

SIGNATURE OF DEAN/ASSOCIATE DEAN

SCHOOL

DATE